

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043434

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 119 Primary Registration District No. 5403 Registrar's No. 52

FILED DEC 11 1963

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY Gasconade   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Franklin  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Roark Twp.  |   | Length of stay in lb<br>5 Months   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Erene Valley Nursing Home   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First WM. Middle EMIL Last EICK  |   | 4. DATE OF DEATH<br>Month Dec. Day 5 Year 1963   |   |
| 5. SEX Male  | 6. COLOR OR RACE Cau.   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH 2-27-1894  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Factory Worker                                    |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>Pipe Industry   |   |
| 11. BIRTHPLACE (City and state or country)<br>Etlah, Missouri  |   | 12. CITIZEN OF WHAT COUNTRY<br>USA   |   |
| 13a. FATHER'S NAME<br>Henry Eick   |   | 13b. MOTHER'S MAIDEN NAME<br>Amanda Schaffner  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of)<br>No  |   | 16. SOCIAL SECURITY NO. 17. INFORMANT<br>Walter A. Eick-Washington, Missouri   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Arteriosclerosis |   | INTERVAL BETWEEN ONSET AND DEATH<br>5 years.   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)                           |   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year  |   |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION   | COUNTY STATE  |
| 21. I attended the deceased from 6-14-63 to 12-5-63 and last saw her alive on 12-2-63  |   | Death occurred at 10:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.  |   |
| 22a. SIGNATURE (Degree or title)<br>Carvel T. Shaw, M.D.   |   | 22b. ADDRESS<br>Hermann, Missouri  | 22c. DATE SIGNED<br>12-6-63   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  | 23b. DATE<br>12-9-1963  | 23c. NAME OF CEMETERY OR CREMATORY<br>Odd Fellows Cemetery   | 23d. LOCATION (City, town, or county) (State)<br>Washington, Missouri |
| 24. FUNERAL DIRECTOR<br>Neiburg & Vitt Inc., Washington, Mo.   |   | 25. DATE RECD. BY LOCAL REG.<br>12-6-63  | 26. REGISTRAR'S SIGNATURE<br>Delma Uffelman                           |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

DEC 13 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Lester A. Vitt*

Licensed Embalmer No.

*3254*

P. O. Address

*Washington, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.